



HEPATITIS A CASE REPORT

Mail to: California Department of Public Health
Immunization Branch
850 Marina Bay Parkway
Building P, 2nd Floor, MS 7313
Richmond, CA 94804-6403
OR Fax to: (510) 620-3949

CASE IDENTIFICATION AND DEMOGRAPHICS

| | | | | | |
|---|--|-------|--|--|-----------------------|
| PATIENT'S NAME—Last | | First | | Middle initial | PHONE () |
| STREET ADDRESS | | CITY | STATE | ZIP | COUNTY |
| DOB (month/day/year) / / | AGE (enter age and check one) □ Days □ Weeks □ Months □ Years | | SEX □ M □ F | COUNTRY OF BIRTH □ USA □ OTHER: _____ | DATE OF REPORT / / |
| ETHNICITY (check one) □ Hispanic/Latino □ Non-Hispanic/ Non-Latino □ Unknown | RACE (check all that apply) □ Black/African-American □ Native American/Alaskan Native □ White □ Unknown □ Other: _____ □ Asian: Please specify: □ Asian Indian □ Hmong □ Thai □ Cambodian □ Japanese □ Vietnamese □ Chinese □ Korean □ Other Asian: □ Filipino □ Laotian □ Pacific Islander: Please specify: □ Native Hawaiian □ Guamanian □ Samoan □ Other Pacific Islander: _____ | | | | |
| PATIENT'S OCCUPATION/SETTING (check all that apply) □ Food service □ Day care/preschool □ School □ Health care □ Correctional Facility □ Other: _____ | | | REASONS FOR TESTING (check all that apply) □ Symptoms of acute hepatitis □ Exposure to case □ Evaluation of liver enzymes □ Unknown □ Other: _____ | | |
| PHYSICIAN NAME (name, facility) | | | PHYSICIAN PHONE () | CMR ID | CDPH ID |

CLINICAL AND DIAGNOSTIC DATA

| | | | | |
|---|--|---|--|--|
| SYMPTOMATIC? □ Yes □ No □ Unknown | SYMPTOMS (check all) □ Jaundice □ Diarrhea □ Dark urine □ Anorexia □ Other: _____ | ONSET OF SYMPTOMS / / DIAGNOSIS DATE (test date) / / | HOSPITALIZED? □ Yes □ No □ Unk ADMIT DATE / / | DIED OF HEPATITIS? □ Yes □ No □ Unk DATE OF DEATH / / |
|---|--|---|--|--|

| | | | | | | | | |
|--|----------|----------|-----|----------------------------------|--|-----|----|-----|
| HEPATITIS A DIAGNOSTIC TESTS (required) | | | | OPTIONAL RISK FACTOR INFORMATION | | | | |
| | Positive | Negative | Unk | Month/Day/Year | Within 6 weeks of onset of illness | | | |
| anti-HAV IgM | □ | □ | □ | ___/___/___ | Foreign travel to _____ | Yes | No | Unk |
| anti-HAV total | □ | □ | □ | ___/___/___ | Household/sexual contact of foreign traveler to _____ | □ | □ | □ |
| OTHER VIRAL HEPATITIS DIAGNOSTIC TESTS | | | | | Contact to a confirmed or suspected case of hepatitis A | | | |
| | | | | | Type of contact: □ household □ sexual □ Child care □ Other: _____ | | | |
| HBsAg | □ | □ | □ | ___/___/___ | Household contact of day care attendee or employee | □ | □ | □ |
| anti-HBs total | □ | □ | □ | ___/___/___ | Household contact of diapered child | □ | □ | □ |
| anti-HBc IgM | □ | □ | □ | ___/___/___ | If yes, was child internationally adopted? | □ | □ | □ |
| anti-HBc total | □ | □ | □ | ___/___/___ | Ate raw or undercooked shellfish | □ | □ | □ |
| anti-HCV | □ | □ | □ | ___/___/___ | One or more male sex partners | □ | □ | □ |
| Other: _____ | □ | □ | □ | ___/___/___ | One or more female sex partners | □ | □ | □ |
| LIVER ENZYME LEVELS AT DIAGNOSIS | | | | | Illicit drug use (injecting or non-injecting) | | | |
| | | | | | Homeless | | | |
| ALT [SGPT] Result _____ Upper limit normal _____ | | | | | Linked to a common-source outbreak | | | |
| AST [SGOT] Result _____ Upper limit normal _____ | | | | | Type of outbreak: □ foodborne □ waterborne □ source not identified | | | |
| Bilirubin _____ | | | | | Other: _____ | | | |
| HEPATITIS A VACCINE HISTORY | | | | | DETAILS (Names, dates, ages, address, telephone numbers, places, etc.) | | | |
| □ Dose #1 Date ___/___/___ □ | | | | | | | | |
| □ Dose #2 Date ___/___/___ □ | | | | | | | | |
| □ None □ Unknown | | | | | | | | |

DIAGNOSIS An acute illness with discrete onset of symptoms **AND**
(1) jaundice or (2) elevated serum aminotransferase levels

□ Hepatitis A, **confirmed** case: anti-HAV IgM positive or epidemiologically linked with a laboratory-confirmed case

□ Hepatitis A, **not confirmed**: e.g. asymptomatic and anti-HAV IgM positive

□ Not hepatitis A or unclear

HEPATITIS A INFORMATION

Incubation period: 15-50 days

Infectious period: Transmission most likely to occur 1-2 weeks before onset of illness until seven days after jaundice onset

Post-exposure prophylaxis: Single-antigen HAV vaccine for healthy persons aged 12 months-40 years (consider vaccine in persons aged 41-59*) or immune globulin, 0.02 cc/kg, IM as soon as possible and within two weeks of exposure.

*See hepatitis A quicksheet for additional information

INFECTION TIMELINE

Enter date of onset* in onset box.

Count backward and forward to determine probable exposure and communicable periods.

EXPOSURE PERIOD**COMMUNICABLE PERIOD**

Days from onset:

-50 days

-14 days

ONSET*

+7 days

Calendar dates:

/

/

/

(month/day/year)

/

/

/

(month/day/year)

/

/

/

(month/day/year)

/

/

/

(month/day/year)

*onset of jaundice or onset of symptoms if not jaundiced

SUSCEPTIBLE CONTACT* MANAGEMENT/FOLLOW-UP

HOUSEHOLD/DAYCARE ROSTER AND OTHER KNOWN OR PRESUMED CONTACT

| Name | age | dates of exposure | last useful PEP date† | type of contact (household, sexual) | prophylaxis | | | vaccinated >1mo. before exposure | Reason PEP not given | Phone # |
|------|-----|-------------------|-----------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|----------------------|---------|
| | | | | | IG | Vax | None | | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
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| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

*See hepatitis A quicksheet for definition of susceptible contact

†2 weeks after last exposure date

During the infectious period:

Was the case **employed as a food handler**☐ Yes☐ NoDid the case **prepare food at any public or private gatherings**☐ Yes☐ NoWas the case **employed as a health care worker** with direct patient contact☐ Yes☐ NoWas the case an **attendee or employee of a child care center, nursery or preschool**☐ Yes☐ No

If 'Yes', provide job description, dates worked during communicable period, supervisor's name and phone number, etc:

COMMENTS

COMPLETED BY

DATE COMPLETED

PHONE

REPORT SENT TO CDPH

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